

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N 43568**

1. Entity Name

GMAA GROVER LOENING SCHOLARSHIP FUND, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91118 010 ****70.00

Principal Place of Business
**3770 SW 8TH STREET
200
CORAL GABLES FL 33134-3163
US**

Mailing Address
**3770 SW 8TH STREET
200
CORAL GABLES FL 33134-3163
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0270346

Applied For.

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEEB, CHARLES K.
3770 SW 8TH STREET
SUITE 200
CORAL GABLES, FL 33134-3163**

Name

EDWARD A. CALT

Street Address (P.O. Box Number is Not Acceptable)

971 PLOVER AVE

City

MIAMI SPRINGS**FL**

Zip Code

33166-4346

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to:
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUTSMAN, PAUL 7532 SW 143 AVE MIAMI FL, 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES T. MONTIE 203 SUNRISE DR, A207 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEEB, CHARLES K 3770 SW 8TH STREET SUITE 200 CORAL GABLES, FL 33134-3163 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARD A. CALT 971 PLOVER AVE MIAMI SPRINGS, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURSKY, GIL 11004 SW 112TH AVENUE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODLEY, DAVID 13913 SW 84TH STREET MIAMI, FL 33163 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM G. RIVENBARK 10985 SW 107 STREET, #104 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0057290

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)